

No. 2  
-12-45  
-5-17-39  
I X47070

FILED SEP 24 1946  
Registration District No. 347

Primary Registration District No. 6076

State File No. 2  
Registrar's No. 1878

1. PLACE OF DEATH  
(a) County St. Louis  
(b) City or town St. Louis - JENNINGS  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
NORTH SIDE OSTEOPATHIC CLINIC  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 12 DAYS  
In this community 2 DAYS  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME INFANT BOXDORFER  
3. (b) If veteran, name war =  
3. (c) Social Security No. =

4. Sex M 5. Color or race W  
6. (a) Single, widowed, married, divorced INFANT  
6. (c) Age of husband or wife if alive = years  
7. Birth date of deceased SEPT. 8 1946  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
0 0 2 hr. min.

9. Birthplace ST. LOUIS County Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation =

11. Industry or business =

MOTHER FATHER

12. Name EDGAR J. BOXDORFER  
13. Birthplace PERRYVILLE Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name STELLA MAY KRETZ  
15. Birthplace PERRYVILLE Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Edgar J. Boxdorfer  
(b) Address 5239 Hamilton

17. (a) BURIAL (b) Date thereof SEPT 11, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK

18. (a) Signature of funeral director Wendy W. ...  
(b) Address 1736 St. Louis St

19. (a) 9-12-46 (b) W. F. ...  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County St. Louis 96  
(c) City or town St. Louis Jennings  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5239 Hamilton  
(If rural, give location)  
(e) Citizen of foreign country? 0  
(Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 10  
year 1946 hour 7 minute 30 a.m.  
21. I hereby certify that I attended the deceased from September 8  
1946 to September 10 1946  
that I last saw him alive on September 10, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Erythroblastosis  
Duration

Due to Incompatibility of Rh factors of mother and infant  
Due to 161-C

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury 2  
23. Signature Dr. R. L. ... (M.D. or other)  
Address 6401 W. Florissant Date signed 9-11-46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

30609

---

---

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....



Licensed Embalmer No. 4114

P. O. Address 1936 St. Louis Ave

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**